



**in focus**

NEPAL FAMILY HEALTH PROGRAM II (2007 to 2012)

# Striving for a Healthier Tomorrow



A mother squirms as her baby gets health shots from a community-based health worker

A healthy mother and her child

The 2011 Nepal Demographic and Health Survey data documents substantial increases in a wide range of positive health behaviors in Nepal. However, challenges remain with significant disparities between urban and rural populations' access to health care. There is still plenty of room for improvement, particularly regarding child and maternal health in Nepal. As one of the longest standing and largest health sector donors, USAID has supported the Government of Nepal improve the survival and quality of life of all Nepalis through equitable and well-governed health systems.

The Nepal Family Health Program (NFHP) was initially a six-year project launched in 2001 with a primary focus on improving the delivery and use of public-sector family planning, and maternal and child health services. With the reduction in child mortality and the recognition that neonatal mortality was not improving as rapidly, there was renewed attention to maternal and neonatal health. As a result, NFHP II (2007 to 2012) was continued building on the successes of the first NFHP to bring renewed efforts to: strengthen the Government of Nepal health systems,

policy, and leadership; enhance public health service delivery; increase access to and utilization of health services especially by marginalized populations; increase community participation in health service management; and advance global best practices in family planning, maternal and child health services.

NFHP II was implemented across 22 districts of Nepal in partnership with the Government of Nepal under the leadership of the Ministry of Health and Population in line with its Second Long Term Health Plan (1997 to 2017).

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Learning about family planning and child care services from NFHP supported community-based health workers



# SNAPSHOT: Key Findings from 2011 Nepal Demographic and Health Survey

**FERTILITY & FAMILY PLANNING:** Women in Nepal have an average of 2.6 children, a decrease from 3.1 in 2006. Nepali men and women want about two children. More than 4 in 10 married women (43%) currently use a modern method of family planning.

**MATERNAL HEALTH:** Maternal mortality is high (281 per 100,000), with almost half of deaths resulting from postpartum hemorrhage. Almost two in three births in Nepal occur at home. The most common reason for not delivering in a health facility is the belief that it is not necessary. Almost 60% of Nepali women receive some antenatal care (ANC) from a skilled provider such as a doctor, nurse, or midwife. Most women (76%) were informed of signs of pregnancy complications during an ANC visit.

**INFANT AND CHILD MORTALITY:** The infant mortality rate is 46 deaths per 1,000 live births for the five-year period before the survey, just two deaths below the infant mortality reported in 2006. Under five mortality is 54 deaths per 1,000 live births, down from 61 deaths per 1,000 in 2006.



## Key Achievements of Nepal Family Health Program II:

*The Nepal Family Health Program II (NFHP II) is implemented by JSI Research & Training Institute, Inc., with EngenderHealth, JHPIEGO, Save the Children, World Education Inc., Nepali Technical Assistance Group, Nepal Fertility Care Center, Management Support Services Private Ltd., Nepal Red Cross Society, United Mission to Nepal, BBC Media Action, Digital Broadcast Initiative Equal Access, Family Planning Association of Nepal, and Center for Population and Development Activities.*



The Nepal Family Health Program is recognized internationally for its role in piloting and expanding game-changing innovations like **misoprostol**, a tablet popularly referred to as the “mother saving pill”, through a low-cost, community-driven initiative aimed at reducing the number of women dying due to excessive bleeding during childbirth, the cause of nearly a quarter of maternal deaths in the country. Similarly, the program introduced **chlorhexidine**, an antiseptic lotion to reduce infections in newborn babies. This antiseptic is applied to umbilical cord stumps and was shown to reduce neonatal mortality by 23 percent.

NFHP II has become a resource in generating evidence for policy and strategy formulation, research, and program design and implementation. For example, findings from the “Family Planning, Maternal, Newborn and Child Health Situation in Rural Nepal: A Midterm Survey for NFHP II” was used extensively during the development of the Nepal Health Sector Program 2, a government program that aims to increase people’s access to and use of quality essential health care services, including maternal and child health services. Over the life of the project, NFHP has conducted several special studies and assessments.

NFHP II supported the Ministry of Health and Population’s Logistics Management Division every year in forecasting for reproductive health, maternal and child health commodities. As a result, fewer than 25 percent of health facilities experienced stock-outs for essential drugs. Additionally, the government has taken ownership of a majority of logistics activities during NFHP II’s project period. For example, government funding for family planning commodities now accounts for 74 percent of total funds.



NFHP II worked to empower marginalized communities and groups, and this is reflected in the fact that almost 60 percent of health facility operation and management committees had active participation from Dalit members.



Overall, NFHP II helped to train a total of 93,489 health volunteers, service providers, and community leaders during the project period, contributing to strengthened quality health care services at the community level.



NFHP II supported the government in policy strengthening and guideline development to ensure adequate support for female community health volunteers (FCHVs), ensuring that related policies and guidelines keep pace with demographic changes and shifts in FCHV activities. Policy development included establishing the FCHV fund (managed by FCHVs) providing a mechanism for communities to contribute, and allowing funds to be available as loans to FCHVs themselves.



Within NFHP II core program districts, 72 percent of health facilities offer delivery services and 90 percent of those can respond to 24-hour emergencies.



## A Healthier Tomorrow for Children in Nepal: Vitamin A Supplementation Program

Two field trials conducted in Nepal, by Nepal Nutrition Intervention Project-Sarlahi and John Hopkins University, demonstrated that a high dose of supplementation of vitamin A among preschool children every four to six months can reduce mortality by about 30 percent.

The Nepal Family Health Program II (NFHP II) partnered with a local NGO, the Nepal Technical Assistance Group (NTAG), to provide technical support to the Ministry of Health and Population to implement the National Vitamin A Program (NVAP). The main program strategy has been the bi-annual supplementation of vitamin A among preschool children 6-59 months through Female Community Health Volunteers (FCHVs), who act as a vital link between public health facilities and the community. FCHVs are unpaid local volunteers who have been trained to provide basic Family Planning/Maternal Neonatal Child Health services and promote health awareness in their own communities. Currently, there are about 52,000 FCHVs working throughout the country. Institutionalizing the role of FCHVs within the NVAP played an essential part in the program's success.

NVAP uses mass media and interpersonal communication channels to promote the program. It has made huge efforts to involve the community in all aspects of the program, enabling a self-manged, self-reliant sustainable intervention. The success of NVAP's capsule supplementation approach led to integration of deworming tablets with the biannual vitamin A supplementation. A number of studies have shown that vitamin A supplementation is one of the most cost effective approaches for reducing child mortality. The average cost per child receiving one vitamin A capsule a year is US\$ 0.34.



The overall results of the NVAP are impressive: the supplementation program for children has been successful in reaching every village development committee (about 3,915) in the country. In 2011, vitamin A capsules were provided to 3.7 million children aged 6-59 months of age, through the successful mobilization of FCHVs. The average vitamin A capsule coverage has been consistently high, at 90 percent or higher, every year over the past 17 years. Furthermore, results showed that deworming reduced the prevalence and intensity of infection and improved anaemia rates. This significant reduction in anaemia has been verified by the 2006 and 2011 Demographic and Health (DHS) Survey results. There is a good reason to believe that this program has played a significant role in the very notable declines in under-5 mortality documented over the last few DHS Surveys.

The program approached its goal through multiple levels. At the national level, the program worked with the government policies, standards, guidelines, curricula, information systems, work planning, and program monitoring. Nationwide support was provided for several programs, including the national vitamin A program, Female Community Health Volunteer (FCHV) program, logistics management, and family planning. At the district, health facility, and community levels, NFHP II worked intensively in its core program districts—by providing significant support to strengthen the entire district health system, including peripheral facilities and community-

based services.

On August 16, USAID and the Ministry of Health and Population (MoHP) organized an event to commemorate the closure of its flagship Nepal Family Health Program II (NFHP II), attended by key stakeholders from the Government of Nepal, other development partners, and media.

NFHP II has been both a responsive and a proactive partner with the government, contributing to many health gains in Nepal. It is important to remember that much of this was accomplished while Nepal was facing serious and difficult times during the conflict. During

the Millennium Development Goal Summit in September 2010, Nepal received the Achievement Award for progress in reducing maternal mortality. One study published in the international peer-reviewed public health journal, *The Lancet*, attributed the reduction to family planning through long-term investments by USAID, as the only donor working with the Government of Nepal to expand family planning counseling and service delivery. In many ways, the Nepal Family Health Program II's achievements played a crucial role in the significant improvements in the 2011 Demographic and Health Survey.

## NEWS IN BRIEF - SEPTEMBER 2012

**USAID and U.S. Department of Defense Collaborate to Save Lives in Nepal:** As part of the six-day Operation Pacific Angel for joint humanitarian assistance exercises, USAID, the U.S. Department of Defense, and Nepali counterpart agencies co-hosted four regional maternal and newborn health workshops in Eastern and Western Nepal from September 2-7. Frontline health workers and volunteers participated in these workshops to learn about birth preparedness, skilled delivery techniques, and essential newborn care for adaptation in their communities. USAID and the U.S. Department of Defense will organize follow-up workshops in December, taking a whole-of-government approach to strengthen the service delivery and emergency response capacities of both the Ministry of Health and Population and the Nepal Army.

**USAID supports Youth to take Leadership on Breaking Political Impasse:** The USAID-funded Nepal Transition To Peace (NTTP) Forum assembled major political party youth leaders to develop a common inter-party youth approach to resolve the current political crisis. The organized youth leaders then presented their agenda and engaged in dialogue with senior leadership to arrive at a new political agreement. The youth leaders' actions publicly demonstrated that a new generation of political party members can work across party lines and propose agenda-focused options for stability and development. The youth leaders' activities have been well reported in the media, including an editorial in *Republica*, the country's leading national newspaper, lauding their initiative. The recognition provided a momentum for youth leaders to assess their activities to date and plan further interventions. USAID has supported the NTTP Forum since 2006. Part of the initiative involves engaging upper leadership and decision-makers of major political parties to reach a consensus and resolve contentious issues to advance Nepal's peace process.

**Using Technology to Increase Access to Finance for the Poorest Population:** USAID's Nepal Economic Agriculture and Trade (NEAT)

Program is addressing the lack of access to financial services by promoting solutions that take advantage of the growing prevalence and use of mobile phones. In addition, NEAT is supporting two branchless banking pilot programs that will create 150 new financial access points across Nepal. Momentum continues to build as a result of NEAT-supported initiatives. After a long wait, the Nepali regulator recently released regulations governing branchless banking. One of NEAT's pilot programs is transforming from a single bank model to a platform involving five commercial banks, which will mean greater scale and more rapid growth. In addition, under this same pilot program, a major agricultural input dealer with more than 500 agents has signed a memorandum of understanding allowing agents to deliver financial services as well. This new development provides an outstanding opportunity to improve access to financial services for the rural population depending on agriculture for their livelihood.

**Supporting Vulnerable Communities to Mitigate the Adverse Impacts of Climate Change :** USAID announced the launch of the Initiative for Climate Change Adaptation (ICCA) project at an inception workshop organized in Lalitpur. The ICCA Project will build the capacity of poor and rural communities to plan and adapt to climate change impacts and increase incomes from climate-change-resilient opportunities. This is a two million USD project that will be implemented in Nawalparasi, Rupandehi, Kapilbastu, Syangja, Kaski, Parbat, Dang and Rolpa districts from 2012 to 2017. In March 2012, USAID, through a Global Development Grants competition, selected International Development Enterprises (iDE) and Nepali partners Rupantaran and Resource Identification and Management Society Nepal (RIMS-Nepal) to implement the ICCA project. ICCA will work to support climate change programs of the Government of Nepal for local adaptation planning and to develop sustainable livelihood opportunities for over 20,000 smallholder families through sustainable use and management of non-timber forest products, high-value vegetable crops, coffee, and essential oils, thereby benefiting

over 100,000 people. The ICCA project supports USAID's efforts to increase targeted communities' ability to adapt to adverse climate change impacts. It also supports the U.S. Government's Feed the Future initiative, which seeks to sustainably improve the food security of smallholder farmers.

**Designing the Nepal National Reading Program for Quality Education:** The Nepal National Reading Program Design Workshop, facilitated by the Ministry of Education and USAID Education Advisors, was held from September 24 through 28, 2012. The participants included government officials, academia, various donor agencies, and stakeholders in education. The objective of the workshop was to develop the National Reading Program results framework, and discuss implementation and funding modalities.

Recent reviews of the School Sector Reform Program (SSRP) generated concern over the quality of education, and in particular whether students are learning to read well enough in the early grades of basic education. The mid-term review of the SSRP strongly indicated the need to improve quality education, including reading skills. A USAID-funded assessment of reading skills in Nepal conducted earlier this year corroborated this finding. USAID, with its long experience in primary education, recognizes that learning takes place at all levels, but places particular emphasis on primary grade reading improvement as the foundation for future learning. Speaking at the workshop, David Atteberry, USAID/Nepal's Mission Director, said, "As is the case with all effective and fruitful discussions, we expect that today's participants will continue to follow through until a concrete plan for the Nepal National Reading Program is developed and implemented. The change this program could bring about in the lives of Nepali children and indeed the development of the country is dramatic. It is difficult to imagine a program with the potential for greater impact and further-reaching results than one aimed at helping children attain a solid foundation in reading while they are young. Let us aim for a smart, results-focused, sustainable and collaborative plan that will secure the future of our children."